



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS
239 CAUSEWAY STREET, SUITE 200
BOSTON, MA 02114
800-414-0168
www.mass.gov/dph/boards

SUPERVISING PHYSICIAN FORM
For Both

TEMPORARY PRACTICE CERTIFICATE AND LICENSE APPLICATIONS

Complete this form and submit it to the Board with application for Temporary Practice Certificate or License Application. If you are not employed at the time of application for a Temporary Practice Certificate or a License, return this form to the Board at the above address within 30 days of beginning employment in the Commonwealth of Massachusetts. If you have more than one supervising physician and work setting, you must complete and submit a separate form for each supervising physician and each work setting.

Applicant/PA Name: _____
(Last) (First) (Middle) (License/Temp Prac #)
Address: _____
(No.) (Street) (City/Town) (State) (Zip Code)
Date of Employment: _____
Physician Name: _____
(Last) (First) (Middle) (License #) (Specialty)

TO BE COMPLETED BY SUPERVISING PHYSICIAN:

A licensed physician can be the Supervising Physician of Record for no more than **four (4)** Physician Assistants at any one time [M.G.L., C 112, Sec 9E and 263 CMR 5.05 (2)]. List all physician assistants currently under your supervision:

Name: _____ Lic Number: _____
Name: _____ Lic Number: _____
Name: _____ Lic Number: _____
Name: _____ Lic Number: _____

If you answer YES to any of the questions below, please submit a separate sheet with a detailed explanation.

Have you [the supervising physician] been disciplined [as defined by the Board of Registration in Medicine regulations] by any government authority, hospital or health care facility or professional medical association [international, national or local] within the past ten years from the date of this application?

_____ Yes _____ No

Within the last ten years from the date of this application, have you ever had staff privileges, employment or appointment in a hospital or health care institution denied, suspended or revoked?

_____ Yes _____ No

Within the last ten years from the date of this application, have you ever resigned from a medical staff in lieu of disciplinary action or has any quality assurance committee suggested any form of corrective action concerning your practice?

_____ Yes _____ No

I understand that, notwithstanding any other provisions of law, a physician assistant may perform medical services when such services are rendered under my supervision. Such supervision shall be in conformance with Board regulations at 263 CMR 5.04 and 5.05.

Signature of Supervising Physician

Date

A MA Board of Registration in Medicine Physician Profile must be attached. Profiles are available on line at www.massmedboard.org. Send the profile and the completed form to the MA Board of Physician Assistants at the address above.

Revised 9-08

